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## BIB DATA SHEET

CONFIRMATION NO. 9233

| SERIAL NUMBER | FILING or 371(c)<br>DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET<br>NO. |
|---------------|--------------------------|-------|----------------|------------------------|
| 10/588,672    | 08/08/2006<br>RULE       | 280   | 3618           | 27637-4                |

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/US04/04508 02/13/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***  
04/18/2007

|                           |   |                                |   |  |                  |        |              |                    |
|---------------------------|---|--------------------------------|---|--|------------------|--------|--------------|--------------------|
| Foreign Priority claimed  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and Acknowledged | (KATY E MEYER/<br>Examiner's Signature)                             |                                | Initials  | CA   | 5                | 21     | 3            |                    |

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**TITLE**

Medical device transportation unit

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>325 | FEES: Authority has been given in Paper<br>No._____ to charge/credit DEPOSIT ACCOUNT<br>No._____ for following: | <input type="checkbox"/> All Fees                            |
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